MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

LAIMS

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| TOTAL | 5 | _ ~ | | _ | | _ |
| DEP. TOTAL CLAIMS | 10 | 175 | | | | |

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| 100 | | | | - | | |
| TOTAL IND. | | | L | | | |
| TOTAL DEP. | | - | | — | | — |
| TOTAL CLAIMS | 1 | 1/2/ | | 16 | | 134 |
| CLAIMS | 1 | Late Balletin | <u> </u> | 100000 | <u> </u> | 196704-1960 |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS